STATEMENT OF

FORM 1	ORGANIZATION					Office Use Only	
NAME OF COMMITTEE (in	n full)	(Check if nam		ample:If typing, type or the lines.	12FE4M		
MARYLAN	ID HO	RSE ASSO	CIĄŢIC	DN			
	<u> </u>				1 1 1 1 1	<u>.illlllllll. </u>	
ADDRESS (number a	nd street)	1504 S. Ho	uston	Street		1.1.1.1.1.1	
(Check if address is changed)		Kaufman TX 75142					
			CITY		STATE	ZIP C	ODE
COMMITTEE'S E-MA	address	SS (Please provide only mahorseas		ddress) ion@gmail,	com		
COMMITTEE'S WEB	PAGE ADD	, -					
(Check if address is changed)		marylandhorseassociation.tumblr.com					
2. DATE 1	<u> </u>	2012					
3. FEC IDENTIFIC	CATION NU	MBER	0052	6889			
4. IS THIS STATE	MENT	NEW (N) O	R 2	AMENDED (A)			
I certify that I have	examined th	is Statement and to the	best of my	knowledge and belief	it is true, corre	ct and complete.	
Type or Print Name	of Treasurer	Julie Cara	mante	!			
Signature of Treasur	er	Julie Ca	man	ante_	Date 1	0 09 ′	2012
NOTE: Submission of		ous, or incomplete inform					2 U.S.C. §437g.
Office Use Only				For further Information Federal Election Commiss Toll Free 800-424-9530		FEC FC (Revised C	